

## CLAIMS ONLY

Application Number

10/549,608

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
6	/		X		X	
7			/		/	
8			/		/	
9					/	
10					/	/
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50						
Total Indep	2		3		6	
Total Depend	4		4		7	
Total Claims	6		7		13	

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						